DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

×	Original		Supplemental	. 🗖	Substitute
		ed inventor, I hereby de			
My r	esidence, po	ost office address and	citizenship are as stated	below next to my na	ame, and
and	joint invento	r (if more than one nar	ble inventor (if only one name is listed below) of the on the invention entitled	ame is listed below subject matter which	 r) or an original, first ch is claimed and for
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the s	specification	of which:	(
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		03/13776	on 05/12/2003		
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I hereby claim the benefit under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate listed below and under 35 U.S.C. 365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	F	RIORIT	Y CLA	IMED
Great Britain	0228571.6	06/12/2002	×	Yes		No
				Yes		No
				Yes		No
				Yes		No
				Yes		No
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:						
APPLICATION NO.		FILING DATE (day/month/year)				

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and under 35 U.S.C. 365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below:

United States	United States	Status (Pending,	International	
Application No.	Filing Date	Abandoned or U.S.	Application No.	and Filing Date
	(day/month/year)	Patent No.)		(day/month/year)

I hereby appoint all of the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If this box (\square) contains an x \boxtimes , I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please send all correspondence relating to this application to the address associated with Customer No. 001095.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first joint inventor	Michael AUSBORN		
Inventor's signature		Date _	(day/month/year)
Residence	79540 Lörrach, Germany		
Citizenship	citizen of Germany		
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Full name of second joint inventor, if any	Thomas KISSEL	<u> </u>	
Inventor's signature		Date - –	(day/month/year)
Residence	79219 Staufen, Grunern		
Citizenship	citizen of Germany		
Post Office Address	lm Steiner 9 79219 Staufen, Grunern Germany		

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Full name of third joint inventor, if any	Ernst KÜSTERS		
Inventor's signature		Date	(day/mo nth/ye ar)
Residence	79427 Eschbach, Germany		
Citizenship	citizen of Germany		
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Full name of fourth joint inventor, if any			
Inventor's signature		Date _	(day/month/year)
Residence			
Citizenship			
Post Office Address			
Full name of fifth joint inventor, if any		 .	
Inventor's signature		Date _	(day/month/year)
Residence			(day/monthlycal)
Citizenship			
Post Office Address			